



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION TO OPEN A SCHOOL OF COSMETOLOGY

BOARD OF COSMETOLOGY AND BARBER EXAMINERS
P.O. BOX 1062
JEFFERSON CITY, MO 65102
(573) 751-1052 OR 1-866-762-9432

1. THIS APPLICATION IS FOR (CHECK):

☐ **NEW SCHOOL** ☐ **CHANGE OF OWNERSHIP** ☐ **CHANGE OF LOCATION**

2. INFORMATION ON THE EXISTING SCHOOL

PRESENT NAME OF SCHOOL	SCHOOL LICENSE NUMBER
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)	
PRESENT OWNER'S NAME	TELEPHONE NUMBER
DOES THE EXISTING SCHOOL LICENSE, OR OTHER LICENSES CONNECTED THEREWITH, i.e., OWNERS, INSTRUCTORS, ETC., HAVE ANY VIOLATIONS, COMPLAINTS OR PROBATIONARY ACTION PENDING WITH THE BOARD OF COSMETOLOGY AND BARBER EXAMINERS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	

NEW SCHOOL AND OWNERSHIP INFORMATION

NAME OF SCHOOL		
SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)		
OWNER OF SCHOOL <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	COUNTY	SCHOOL TELEPHONE NUMBER
ANTICIPATED SCHOOL OPENING DATE	NEW SCHOOL LICENSE NUMBER (OFFICE USE ONLY)	DATE SCHOOL INSPECTED FOR OPENING (OFFICE USE ONLY)

IF OWNED BY INDIVIDUAL

NAME OF OWNER	DATE OF BIRTH
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)
TELEPHONE NUMBER (HOME)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	

IF OWNED BY PARTNERSHIP (IF PARTNERSHIP CONSISTS OF MORE THAN TWO PARTNERS, LIST THOSE ON A SEPARATE SHEET)

PARTNER NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)
TELEPHONE NUMBER (HOME)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	

PARTNER NAME	DATE OF BIRTH
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)
TELEPHONE NUMBER (HOME)	
HOME ADDRESS (STREET, CITY, STATE, ZIP)	

IF OWNED BY CORPORATION

NAME OF CORPORATION	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	

OFFICERS OF CORPORATION		
PRESIDENT NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		
VICE-PRESIDENT NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		
SECRETARY NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		
TREASURER NAME		TELEPHONE NUMBER (HOME)
SOCIAL SECURITY NUMBER	COSMETOLOGY/INSTRUCTOR LICENSE NO. (IF APPLICABLE)	DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)		

LIST THE THREE (3) MAJORITY STOCKHOLDERS AND PERCENTAGE OF STOCK OWNED		
1. NAME	DATE OF BIRTH 	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	% STOCK OWNED	TELEPHONE NUMBER
1. NAME	DATE OF BIRTH 	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	% STOCK OWNED	TELEPHONE NUMBER
1. NAME	DATE OF BIRTH 	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP)	% STOCK OWNED	TELEPHONE NUMBER

PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING:

- a) Registration fee \$500.00;
- b) Copy of proposed school contract and/or enrollment agreement;
- c) Copy of proposed school rules
- d) Sketch of the proposed facility's floor plan on enclosed grid, indicating approximate dimensions and square footage;
- e) List of the proposed training supplies, by quantity and type;
- f) Detailed description of each course curriculum to be offered by the school, to include the number of clock hours assigned to each subject area;
- g) If also seeking instructor training approval, a detailed description of the course curriculum, to include the number of clock hours assigned to each subject area;
- h) Two or more personal character letters of reference for each applicant(s) (use only the standardized forms supplied by the Board).
- i) Notarized affidavit of intent from each instructor confirming his/her employment with your school, to include anticipated starting date.

SCHOOL OWNER INFORMATION

HAVE YOU EVER OWNED OR DO YOU CURRENTLY OWN A COSMETOLOGY/MANICURING SCHOOL IN THIS OR ANY OTHER STATE? IF YES, COMPLETE NAME OF SCHOOL AND DATE BELOW

☐ YES ☐ NO

NAME OF SCHOOL

DATE OF OWNERSHIP

HAVE YOU EVER OWNED OR DO YOU CURRENTLY OWN A COSMETOLOGY/MANICURING SHOP IN THIS OR ANY OTHER STATE? IF YES, COMPLETE NAME OF SHOP AND DATE BELOW

☐ YES ☐ NO

NAME OF SHOP

DATE OF OWNERSHIP

ARE YOU NOW OR HAVE YOU EVER BEEN LICENSED BY A STATE BOARD IN ANY OTHER STATE? IF SO, IDENTIFY:

☐ YES ☐ NO

STATE	TYPE OF LICENSE	NAME LICENSED UNDER	LICENSE NUMBER	LAST YEAR CURRENT

HAVE YOU EVER BEEN DISCIPLINED BY THIS OR ANY OTHER BOARD OF COSMETOLOGY AND BARBER EXAMINERS? IF YES, GIVE DATE, CHARGE AND PRESENT STATUS

☐ YES ☐ NO

DATE	CHARGE	PRESENT STATUS

HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED?

☐ YES ☐ NO

NOTE: This includes Suspended Imposition of Sentence, Suspended Execution of Sentence, misdemeanor and felony convictions, and alcohol related offenses, i.e. DWI and BAC. Check yes if NOT previously disclosed to this Board and provide the date of the conviction and/or pleading, nature of the offense, court location, and case number on a separate sheet.

SCHOOL MANAGER INFORMATION

NAME OF MANAGER

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)

COS/INS LIC. NO. (IF APPLICABLE)

TELEPHONE NUMBER (HOME)

HAVE YOU EVER BEEN DISCIPLINED BY THIS OR ANY OTHER BOARD OF COSMETOLOGY? (IF YES, GIVE DATE, CHARGE, AND PRESENT STATUS)

☐ YES ☐ NO

DATE	CHARGE	PRESENT STATUS

HAVE YOU EVER BEEN FINALLY ADJUDICATED AND FOUND GUILTY, OR ENTERED A PLEA OF GUILTY OR NOLO CONTENDERE, IN A CRIMINAL PROSECUTION IN THIS STATE, OR OF THE UNITED STATES, WHETHER OR NOT SENTENCE WAS IMPOSED?

☐ YES ☐ NO

NOTE: This includes Suspended Imposition of Sentence, Suspended Execution of Sentence, misdemeanor and felony convictions, and alcohol related offenses, i.e. DWI and BAC. Check yes if NOT previously disclosed to this Board and provide the date of the conviction and/or pleading, nature of the offense, court location, and case number on a separate sheet.

FLOOR PLAN GRID

THE AREA BELOW MUST BE USED FOR REQUIRED FLOOR PLAN SKETCH.

SQUARE FOOTAGE OF COSMETOLOGY SCHOOL (2,000 SQ. FT. MINIMUM)

SQUARE FOOTAGE OF MANICURING SCHOOL (1,000 SQ. FT. MINIMUM)

SCHOOL CAPACITY (MAXIMUM NUMBER OF STUDENTS)	
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This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

INSTRUCTOR(S) WHO WILL BE ON STAFF

(IF ADDITIONAL INSTRUCTORS NEEDED, LIST ON SEPARATE SHEET WITH THE REQUIRED INFORMATION.)

LICENSE NO.	NAME	ADDRESS (STREET, CITY, STATE, ZIP)

SUBSTITUTE - IF ONLY ONE INSTRUCTOR IS LISTED ABOVE, A SUBSTITUTE MUST BE ON STAFF AND LISTED BELOW.

INDICATE WHAT COURSE(S) TO BE OFFERED BY SCHOOL:

- ☐ CLASS CA - HAIRDRESSING & MANICURING
☐ CLASS CH - HAIRDRESSING
☐ CLASS MO - MANICURIST
☐ CLASS E - ESTHETICIAN
☐ INSTRUCTOR TRAINING (IT)

INDICATE TIME SCHEDULE OF COURSES TO BE OFFERED BY SCHOOL

FULL - TIME		PART-TIME (DAY)		EVENING		INSTRUCTOR TRAINING	
FROM	TO	FROM	TO	FROM	TO	FROM	TO

INDICATE WHAT DAYS SCHOOL WILL BE OPEN:

- ☐ MONDAY ☐ WEDNESDAY ☐ FRIDAY
☐ TUESDAY ☐ THURSDAY ☐ SATURDAY

Will school keep a record of the clock hours acquired by subject area for each student for a period of no less than five (5) years, and allow any representative of the Board of Cosmetology and Barber Examiners to inspect and review these records?

☐ YES ☐ NO

AUTHORIZATION AND RESPONSIBILITY STATEMENT

Upon signing this application I hereby authorize the Board of Cosmetology and Barber Examiners or their representative to verify this application and conduct a background investigation. Pursuant to Section 329.150 RSMo, all information contained herein is true and correct to the best of my knowledge and belief. As the holder of a school license issued by the Board of Cosmetology and Barber Examiners I acknowledge that I have read, fully understand, and agree to abide by Chapter 329 of the Revised Statutes of Missouri, and all Rules and Regulations promulgated therefrom.

SIGNATURE MUST BE IN PRESENCE OF NOTARY ▶	OWNER SIGNATURE	DATE
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NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		USE RUBBER STAMP IN CLEAR AREA BELOW.
	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

SIGNATURE MUST BE IN PRESENCE OF NOTARY ▶	OWNER SIGNATURE	DATE
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